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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Royal Government of Bhutan

Proposed UNFPA assistance: $4.4 million, $4 million from regular resources and $400,000 from multi-bilateral and/or other, including regular, resources

Programme period: 5 years (1998-2002)

Cycle of assistance: Third

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.7	0.4	3.1
Population & development strategies	0.7	-	0.7
Advocacy	0.2	-	0.2
Programme coordination & assistance	0.4	-	0.4
Total	4.0	0.4	4.4

BHUTAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	20.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	20.0	≥55
Access to basic health services (%)[3]	65.0	≥60
Infant mortality rate (/1000)[4]	124	≤50
Maternal mortality rate (/100,000)[5]	1,310	≤100
Gross female enrolment rate at primary level (%)[6]	16.2	≥75
Adult female literacy rate(%)[7]	23.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	1,770
Population in year 2000 (000)	2,032
Sex ratio (/100 females)	101.1
Per cent urban	6
Age distribution (%)	
Ages 0-14	42.6
Youth (15-24)	18.7
Ages 60+	5.2
Percentage of women aged 15-49	46.0
Median age (years)	18.7
Population density (/sq. km.)	38

Annual population growth rate (%)	2.77
Urban	6.13
Rural	2.53
Crude birth rate (/1000)	41.3
Crude death rate (/1000)	13.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.89
Life expectancy at birth (years)	
Males	51.6
Females	54.9
Both sexes	53.2
GNP per capita (U.S. dollars, 1994)	400

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDO. Two dashes (--) indicate that data are not available.

1. UNFPA proposes to support a population programme over the five-year period 1998-2002 to assist the Royal Government of Bhutan in achieving its population and development goals as outlined in the country's Eighth Five Year Plan. UNFPA proposes to fund the programme in the amount of $4.4 million, of which $4.0 million would be programmed from UNFPA's regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $400,000 from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This will be UNFPA's third programme of assistance to Bhutan.

2. The proposed programme was developed in close collaboration with the Government and takes into account the goals of Bhutan's Eighth Five Year Plan, the Programme of Action of the International Conference on Population and Development (ICPD) and the recommendations of a Programme Review and Strategy Development (PRSD) mission that visited Bhutan in 1996.

3. The proposed UNFPA-supported programme will seek to: (a) increase institutional capacity for the delivery of reproductive health services and information to all couples and individuals, particularly adolescents; (b) significantly reduce maternal and infant mortality through expanded access and improved delivery of reproductive health services; (c) increase primary school enrolment and continuation rates, particularly of girls, through appropriate advocacy activities; and (d) increase national capacity for collection, analysis and utilization of population and reproductive health data so that population and development plans can be strengthened and progress in meeting the purposes of the programme can be accurately measured.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Population issues now figure prominently within the Royal Government of Bhutan's priorities for development. A special chapter on population and development is included in the Eighth Five Year Plan for 1997-2002, the content of which is consistent with the ICPD Programme of Action. With an annual population growth rate of 3.1 per cent and with only about 16 per cent of the total land area suitable for agriculture, the Government is aware that without intensified efforts to provide a range of quality reproductive health services, including family planning, the quality of life of the people of Bhutan will deteriorate and Bhutan's unique ecology will be threatened. The Government has a stated goal of reducing the population growth rate to 2.5 per cent in 2002.

6. Bhutan's Eighth Five Year Plan got under way in July 1997. Since the First Five Year Plan began in 1961, Bhutan has made significant progress in transforming itself from a predominantly subsistence agricultural economy to one in which agriculture accounts for a diminishing proportion of gross domestic product. During the 1980s and early 1990s, the economy is estimated to have grown by some 7.5 per cent a year. However, despite this economic progress and certain developmental gains, Bhutan remains a category "A" country in terms of UNFPA assistance, having met only one out of the seven threshold levels among the indicators relating to ICPD goals.

7. With no complete and reliable population census or survey data, there is very limited available statistical information on Bhutan's population, demographic, health or socio-economic situation. While district-level population census enumerations were conducted in the early 1980s and again in the early 1990s, these were carried out over two-year periods and did not yield sufficiently reliable data to accurately determine population size. Consequently, there are big discrepancies between the official government population and demographic estimates and those published by the United Nations. For example, according to official government figures the estimated *de jure* population in 1996 was about 600,000, whereas the population size from the United Nations estimates was almost 1.8 million. Similar differentials, albeit somewhat less marked, are observed in the indicators of ICPD goals, such as the maternal mortality and infant mortality rates, with the official figures being significantly lower than the United Nations estimates. The figures cited in the text are those used by the Government, whereas those in the data sheet on page 2 have been taken from United Nations sources. With the Government's determination to develop a strong database for the country, these discrepancies should be resolved.

8. Despite disagreements about the size of Bhutan's population, there is a consensus that the rate of growth of the population is high, currently estimated at 3.1 per cent a year. At this rate of growth, the population of Bhutan will double in little more than two decades. Consistent with its high rate of growth, Bhutan has a young population, with 43 per cent below age 15. Fertility levels remain high, despite some modest recent reductions: the total fertility rate fell from 5.9 children per woman in 1984 to 5.6 in 1994. This appears to have been the result of fertility declines among women at the older child-bearing ages, since the fertility of adolescents (15-19) and young women (20-24) appears to have risen.

9. There have been significant improvements in health conditions in Bhutan. During the decade 1984 to 1994, mortality levels are estimated to have declined substantially so that life expectancy at birth rose from 48 years to 66 years and infant mortality was halved to 71 per 1,000 live births. Yet, in spite of having a network of 26 hospitals, 96 basic health units, 32 dispensaries and 454 outreach clinics, access to reproductive health-care services in rural areas is limited due to the scattered distribution of the population -- in 1994, only 15 per cent of the population lived in urban areas, up from 5 per cent in 1984.

10. The contraceptive prevalence rate is estimated to be less than 22 per cent. The maternal mortality rate continues to be high,[1] and there is an urgent need for developing emergency care facilities to cope with obstetric complications. The proportion of births attended by trained professionals is very low. There are no data on the extent of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs), although they are considered to be widespread.

11. In Bhutan, women enjoy equal status with men under the law and play an active part in household and productive activities. However, there are gender inequities. For example, while adult literacy is estimated at 54 per cent, the level of female literacy is well below that of males. In recent years, the Government has tried to address this problem, and the enrolment of girls in primary and secondary schools, although below 50 per cent, is increasing. By 2002 the Government aims to enrol 95 per cent of the country's primary-school age population. To further that objective, it has called upon parents to send and keep their daughters at school and has encouraged this by providing improved counseling and hostel facilities for girls.

12. The Ministry of Health and Education is responsible for the implementation of population-related activities. Since the ICPD, it has combined the maternal and child health and family planning (MCH/FP) programme with other related programmes and reorganized them into the National Reproductive Health Programme. The Ministry of Health and Education is firmly committed to achieving the quantitative health goals of the ICPD Programme of Action. It plans to reduce maternal and infant mortality rates and to increase the contraceptive prevalence rate to about 36 per cent over the next five years by expanding access to its network of reproductive health services.

Previous UNFPA assistance

13. UNFPA began support for Bhutan's population activities in 1981, and this assistance increased substantially under the first country programme, 1988-1991. The second country programme, ending in 1997, was approved in the amount of $2.8 million. However, given the considerable adjustments made to introduce post-ICPD reproductive health aspects in training, service delivery and IEC and the need to support the Government's commitment to accelerate project activities, particularly in the area of training service providers and expanding outreach family planning services, total expenditures were about $3.7

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[1] *The United Nations estimates the maternal mortality rate to be 1,310 per 100,000 live births, which is strongly disputed by the Government on grounds that women's health status is generally good and that the methodology was not appropriate. A survey conducted by the Government in 1994 found the maternal mortality rate to be 380 per 100,000.*

million. UNFPA assistance has helped Bhutan augment its health infrastructure through the establishment of a number of basic health units, MCH centres, a National Institute of Family Health, and a storage facility for drugs and equipment needed to promote maternal and child health. The expansion of the health infrastructure was a significant contribution towards reaching more difficult regions and contributed to an overall improvement of the status of maternal and child health. UNFPA has been the only source of contraceptives for Bhutan's family planning services.

14. The support provided to Bhutan's Information, Education and Communication for Health (IECH) Bureau enabled the first steps to be made towards creating wider knowledge and understanding of MCH/FP issues. Strengthening of communication and counselling were the key elements in this component of the programme. The population education component of the programme introduced population and maternal health issues into school curricula and, for the first time, provided training to primary school teachers and education administrators.

15. Through its second country programme, UNFPA helped the Government in developing an intersectoral approach so that other Ministries, such as Home Affairs and Planning, would work together towards implementation of the ICPD goals. UNFPA also collaborated closely with UNDP, WHO, UNICEF and Denmark to maximize the inputs that each one was providing towards achievement of the country's health and population goals. There are only two national NGOs in Bhutan, one of them being the National Women's Association of Bhutan (NWAB), for which UNFPA has provided assistance.

16. Lessons learned. One of the important achievements in the UNFPA-supported programme is that of strengthening both the physical and personnel infrastructure of the country's health system. However, the existing infrastructure and trained manpower are still inadequate, particularly for reaching the more sparsely populated and remote areas. One constraint has been the lack of local institutions for training health manpower, as well as a shortage of suitable potential trainees.

17. Demand-side factors associated with lack of adequate information and education have also been a major constraint in enhancing the scope of the services provided. It was clear, for example, that mere availability of contraceptives did not lead to increased use. It is important to understand the needs and scope of behavioural changes through studies that can provide better perspectives on these issues. Improvements are also needed in the choice of contraceptive methods and information about available services. Major efforts will be required to strengthen IEC activities. Moreover, the low level of literacy of females has been a further constraint to the effectiveness of UNFPA activities.

18. The sound basis on which population and development planning in Bhutan has been constructed is affected by the lack of reliable population and health data, lack of trained manpower for collecting and analysing them, as well as a lack of understanding of the importance of using data for policy and planning purposes. Hence the need for addressing these constraints in the proposed programme.

Other external assistance

19. UNFPA is one of few international organizations that assist Bhutan in the health sector and the only one carrying out reproductive health and population activities. UNICEF provides support of about $900,000 a year, focusing on primary health care services, including activities in the expanded programme on immunization, safe motherhood, nutrition, programmes to control diarrhoeal and acute respiratory infections, and sanitation. WHO's assistance covers a variety of important health issues with a biennial input of about $2.3 million. Denmark assists in construction of basic health units and hospitals, information and planning, human resources development, national tuberculosis control campaigns and hepatitis-B prevention programmes. Japan's input in health activities includes the provision of volunteers to support laboratory services and the supply of vaccines for polio eradication. The Government of India is a major donor in social and economic sectors, including the health sector.

Proposed programme

20. Taking UNFPA's comparative advantages into consideration, the proposed programme will focus on providing quality reproductive health services and building capacity at the national and district levels for the development and sustainable management of such services. Comprehensive IEC and advocacy support will be provided focusing on reproductive health, male responsibility and participation, the sexual health needs of young people and gender equality. Support will also be provided in the area of population and development strategies, particularly for strengthening the country's information base.

21. Consistent with the objectives expressed in Bhutan's Eighth Five Year Plan, the proposed programme will help contribute towards: (a) increased institutional capacity for the delivery of reproductive health services, including family planning, and information to all couples and individuals, particularly adolescents; (b) a significant reduction in maternal and infant mortality, as well as the stabilization of population growth, through expanded access and improved delivery of reproductive health services; (c) increased primary school enrolment and continuation rates, particularly of girls, through active advocacy; (d) capacity-building for population and health data collection, analysis and utilization, so that progress towards the stated goals can be accurately measured and population and development plans strengthened.

22. The purposes of the proposed programme will be achieved mainly through two subprogrammes in the areas of reproductive health and population and development strategies, respectively. A smaller advocacy subprogramme will help advance the agenda of the ICPD Programme of Action and, at the same time, help create an appropriate enabling environment to support the purposes of the other two subprogrammes. UNFPA will collaborate closely with UNICEF, WHO and bilateral donors such as Denmark to enhance the complementarity of programmes.

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23. Reproductive health. The purposes of the subprogramme in reproductive health are: (a) to improve the accessibility and availability of quality reproductive health services throughout the country, with intensive inputs for selected districts; (b) to provide an essential reproductive health care package focusing on the priority reproductive health needs of individuals, particularly family planning, maternal health, adolescent reproductive health, and prevention and management of RTIs and STDs; and (c) to build national capacity in the health sector through human resource development.

24. In terms of coverage, support will be provided to the reproductive health programme by means of a three-pronged approach: first, by providing support at the national level for the provision of contraceptives and training; second, by providing intensive inputs in a few selected districts with relatively higher concentrations of population, to be determined in conjunction with the Ministry of Health and Education; and, third, by expanding coverage to some areas where reproductive health services are currently not available.

25. Maternal health will be strengthened and maternal mortality reduced through such activities as training frontline health workers in midwife skills and referral procedures; training health-care personnel in obstetrics and gynaecology; and improving emergency obstetric care by increasing the availability of ambulances, establishing better communication with district-level facilities, making maternal rest homes available, and providing safe delivery kits for aseptic deliveries.

26. Strategies for dealing with RTIs and STDs will focus on creating awareness and using a syndromic approach for the diagnosis and treatment of infections. Priority will also be given to awareness-building and education for the prevention of HIV/AIDS, including promotion of the use of condoms, with a special focus on such high-risk groups as truck drivers and migrant workers.

27. UNFPA will support the Government's efforts to enhance family planning services through effective information, education and counselling; provision of wider choices of contraceptives with better quality of services and follow-up; greater access to contraceptives for residents of rural and remote areas through community distribution, outreach services and home visits; and improved services at district and regional hospitals. UNFPA will continue to assist the Government with supplies of contraceptives for the national family planning programme. Male responsibility will be a cross-cutting theme and addressed through education, counselling, advocacy and promotion of male family planning methods.

28. Adolescent pregnancy rates in Bhutan are high, and the use of contraceptives among this group is low. There is increasing evidence that STDs are also a problem among this age group, particularly in urban areas. Accordingly, UNFPA will support initiatives to target the reproductive health needs of adolescents. Special approaches for counselling and reproductive health services will be designed for adolescents in rural and urban areas. The IECH Bureau, the Population Education Programme as well

as the Youth Development Centre will play key roles in carrying out this strategy. For adolescent girls and boys, basic literacy programmes will be combined with education on MCH/FP and personal hygiene.

29. IEC needs are critical in Bhutan. The proposed programme will assist the IECH Bureau in developing and implementing a comprehensive plan for IEC. Research will be supported for designing effective messages and materials, both in print and audio media. Work with the media, particularly radio, will be further expanded. A key strategy will be to develop a core of trainers to conduct pre- and in-service training for health workers in inter-personal communication and counselling techniques. Support will be continued for strengthening population education through training teachers on population and reproductive health and advocating to include population education in school curricula. Population education will also be encouraged through the non-formal education efforts of the Education Division.

30. Strengthening of human resources, through training of various cadres of health workers, medical professionals and health managers, is an overarching need for the success of the programme. To this end, the Fund will support efforts to strengthen the Royal Institute of Health Sciences. The Royal Institute of Management will also be supported in introducing a health management component in its programme. Since there is a serious shortage of obstetricians/gynaecologists and there is no training facility available in the country, UNFPA will, on a selective basis, provide training support for developing such expertise through the established training facilities of other countries in the region.

31. The proposed programme will also provide assistance to the Health Division's Epidemiology and Research Unit to conduct operations research focusing on: evaluating needs in contraceptives and family planning; knowledge and practices that enhance or impede people to seek health care; gaps in policy and epidemiological situations; and assessments of the impact of reproductive health services and activities.

32 Population and development strategies. The purposes of the subprogramme in the area of population and development strategies are: (a) to strengthen the information base for population and development planning; (b) to improve coordination and integration in the use of population and development variables in planning; (c) to mainstream gender concerns in population and development planning; and (d) to conduct policy-relevant research that can be used in the planning process.

33. The information base in Bhutan is very weak, as is the awareness of the importance of using statistical information in the planning process. A major problem is the lack of trained manpower for collecting and analysing population and development data. UNFPA intends to support capacity-building in these areas through a range of training programmes. Support will also be provided to conduct a nationally representative socio-economic, demographic and health survey towards the middle of the Eighth Five Year Plan period in order to generate relevant data to monitor progress in the area of population and development. UNFPA will also support the establishment of a senior level Inter-

Departmental Committee on Statistics to strengthen coordination in the use of data in population and development planning. In organizing these activities, UNFPA will work closely with the Ministry of Home Affairs and the Ministry of Planning and the Central Statistical Organization. The Fund will work with the Government to raise awareness of the need for the generation and use of accurate data. UNFPA will support activities that help deepen the understanding among officials from relevant sectoral ministries of the relationships between population and development and will support activities that lead to greater integration of population and development variables in the country's planning processes.

34. The Government is committed to the promotion of equality for men and women in all aspects of life and encourages measures to achieve that goal, including affirmative action programmes and the mainstreaming of women's concerns in development strategies. UNFPA will support gender training for planning officers of sectoral ministries so that gender concerns are addressed in policy formulation and in the implementation of developmental activities. A partnership with the national NGO may be sought for implementing women's programmes. Through active advocacy, UNFPA will also support activities to complement the Government's efforts to increase the enrolment of girls in school and to encourage them to continue their education.

35. There are substantial gaps in policy analysis and research at the national and subnational levels in Bhutan. Population pressures and poverty are having negative environmental effects in Bhutan, through deforestation, land degradation and pollution of rivers. The Government has already begun a major initiative in this regard, which includes a special fund for the protection of the environment. UNFPA will support policy-relevant research that seeks to clarify the relationship between population pressures, poverty and environmental degradation. UNFPA's focus on training of personnel in population, environment and development will complement the efforts of other donors.

36. Advocacy. The Royal Government of Bhutan has only recently given priority to population issues in its official plans. UNFPA will assist the Government to develop an advocacy plan focused on policy makers, planners, key officials of sectoral ministries and district-level officials to expand the understanding of population issues and their relationship to the Government's development goals. The media, the monastic body, the NWAB, students and adolescents will be some of the key audiences. Activities for each of these audiences would be designed to highlight the urgency and importance of population and development and reproductive health care issues. The emphasis of the advocacy plan will be on encouraging greater participation by the Bhutanese people in the Government's reproductive health and family planning programmes. This would include campaigns to highlight the consequences of rapid population growth on the quality of life of the nation's communities.

37. Implementation, coordination, monitoring and evaluation. The proposed programme will primarily be executed by the Government. UNFPA execution will be mainly in the area of procurement of contraceptives and equipment. The programme will seek assistance from WHO in establishing technical professional standards and quality-of-care guidelines. The programme will include performance

indicators for all major activities in each subprogramme area. Programme implementation will be reviewed quarterly and annually at both the district as well as the national level. This will be complemented by a mid-term review in 1999. The overall monitoring will be conducted jointly by the Ministry of Health and Education and UNFPA, with appropriate inputs from other ministries, particularly the Ministry of Planning. Technical support will be provided through the UNFPA Country Support Team located in Kathmandu, Nepal, and also through other short-term external consultancies from United Nations agencies, such as WHO, as well as from other sources, with emphasis on expertise from the South Asian region.

38. UNFPA's programme in Bhutan is overseen by the Country Director based in Delhi and the UNDP/UNFPA Representative based in Thimphu. Day-to-day operations are assisted by one national programme officer and a secretary. To enhance effective implementation of programme activities, it is foreseen that national professional project personnel will be recruited for selected projects

Recommendation

39. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Royal Government of Bhutan as outlined above, in the amount of $4.4 million over the period 1998-2002, of which $4 million would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $400,000 would be sought from multi-bilateral and/or other resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of resources.

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